

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 12-5-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 441.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>2879</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2014</u>
3. Name and address of person filing. Name <u>Mark L Bramble</u> P.O. Box, Bldg., Room No., if any Street <u>7245 Montmorency Drive</u> City <u>Rockford</u> State <u>Illinois</u> ZIP Code + 4 <u>61108</u>	4. Name, file number, and address of labor organization. Name <u>IBEW, Local Union 364</u> Labor Organization File Number <u>018-746</u> P.O. Box, Building and Room Number, if any Street <u>6820 Mill Road</u> City <u>Rockford</u> State <u>Illinois</u> ZIP Code + 4 <u>61108</u>
5. Position in labor organization. <u>BUSINESS AGENT</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Mark Bramble</u>	On <u>7-11-05</u> Date	<u>815-398-9472</u> Telephone Number

Name of Person Filing	File Number U- 2879
-----------------------	---------------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name: Fidelity Investments Trade Name, if any: P.O. Box, Bldg., Room No., if any: Street: 397 Williams Street MC2E City: Marlborough State: MA ZIP Code + 4: 01752	9. Business deals with: <input type="checkbox"/> a. Labor Organization <input checked="" type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name: NECA-IBEW 364 DEFINED CONTRIBUTION TRUST Trade Name, if any: TIC INTERNATIONAL CORP. P.O. Box, Bldg., Room No., if any: Street: 6525 CENTURION DRIVE City: LANSING State: MI ZIP Code + 4: 48917-9275	11.a. Nature of such dealing. INVESTS PENSION MONEY 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. Attended a dinner while at the International Foundation Conference in New Orleans sponsored by Fidelity Investments. 12.b. Amount. \$50.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name: Trade Name, if any: P.O. Box, Bldg., Room No., if any: Street: City: State: ZIP Code + 4:	14.a. Nature of payment.
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment.

Name of Person Filing	File Number U- 2879
-----------------------	---------------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name: GOLDBERG, WEISMAN & CAIRO, LTD. Trade Name, if any: P.O. Box, Bldg., Room No., if any: 34th Floor Street: ONE EAST WACKER DRIVE City: CHICAGO State: IL ZIP Code + 4: 60601-9654	9. Business deals with: <input checked="" type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name: Trade Name, if any: P.O. Box, Bldg., Room No., if any: Street: City: State: ZIP Code + 4:	11.a. Nature of such dealing. Rents office space 11.b. Approximate dollar value of such dealing. \$1200.00 12.a. Nature of interest held or income received. Dinner bought at IL State Conference Lunch bought at Northwestern Illinois Building and Construction Trades Council Meeting on December 8, 2004. 12.b. Amount. \$100.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name: Trade Name, if any: P.O. Box, Bldg., Room No., if any: Street: City: State: ZIP Code + 4:	14.a. Nature of payment.
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment.